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|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/698,115 | FILING DATE<br>11/01/2003<br><br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3735 | ATTORNEY<br>DOCKET NO.<br>P-9930.01 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

Warren L. Starkebaum, Plymouth, MN;

\*\* CONTINUING DATA \*\*\*\*\*  
*NONE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/02/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Verified and Acknowledged<br>Allowance<br><i>Examiner's Signature</i><br>Initials <i>EB</i> | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>4 |
|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 27581  
 MEDTRONIC, INC.  
 710 MEDTRONIC PARK  
 MINNEAPOLIS , MN  
 55432-9924

TITLE  
 Gastric activity notification

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|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1058 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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